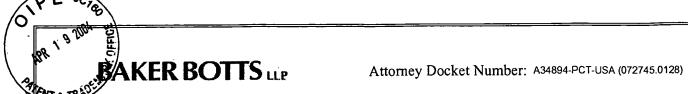


Signature

## 10/019,613 Application Number TRANSMITTAL May 7, 2002 Filing Date **FORM** Marin First Named Inventor 1614 Group Art Unit (to be used for all correspondence after initial filing) Henley III, R. **Examiner Name** A34894-PCT-USA (072745.0128) Attorney Docket Number Total Number of Pages in This Submission **ENCLOSURES** (check all that apply) After Allowance Communication Assignment Papers Fee Transmittal Form to Group (for an Application) Appeal Communication to Board Fee Attached Drawing(s) of Appeals and Interferences Appeal Communication to Group Licensing-related Papers Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition After Final Proprietary Information Petition to Convert to a Affidavits/declaration(s) Provisional Application Status Letter Power of Attorney, Revocation Change of Correspondence Address Other Enclosure(s) (please **Extension of Time Request** identify below): Terminal Disclaimer Return Receipt Postcard **Express Abandonment Request** Request for Refund Information Disclosure Statement CD, Number of CD(s). Certified Copy of Priority Document(s) Remarks Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT BakerBotts LLP Firm 30 Rockefeller Plaza Individual name New York NY 10112 Rochelle K. Seide Att Name: Signature PTO Reg: 32.300 Date April 14, 2004 CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on this date: April 14, 2004 Rochelle K. Seide Typed or printed name

April 14, 2004

Date



Title:	USE OF CORTISOL ANTAGONISTS IN THE TREATMENT OF HEART FAILURE
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Use Space	ce Below for Additional Information:
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BAKER BOTTS LLE

## **FEE TRANSMITTAL** for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** 

Signature

(\$)	950
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Complete if Known						
Application Number	10/019,613					
Filing Date	May 7, 2002					
First Named Inventor	Marin					
Examiner Name	Henley III, R.					
Art Unit	1614					
Attorney Docket No.	A34894-PCT-USA (072745.0128)					

Date

April 14, 2004

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)						
Check Credit card Money Other None				3. ADDITIONAL FEES							
Order U				Large Entity   Small Entity							
Deposit Oc. 4077					Fee Code		Fee Code	Fee	Fee I	Description	For Doid
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1	ioner is a	authoriz	zed to: <u>(ch</u> eck all tha		1053 1812	130 2,520	1053 1812		Non-English spe	ecification est for e <i>x parte</i> reexamination	
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1. BASIC FI	LING F				1253	950	2253	475	Extension for re	eply within third month	950
Fee Fee	Fee Fe	<u>e´ F</u>	ee Description	Fee Paid	1254	1,480	2254	740		eply within fourth month	
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	2001 30 2002 17		Utility filing fee Design filing fee		1401	330	2401	165	Notice of Appe	al	
	2002 1		Plant filing fee		1402	330	2402			support of an appeal	
i .	2004 38		Reissue filing fee		1403	290	2403		Request for ora	••	
		30	Provisional filing fee		1451	1,510	1451	1,510	Petition to instit	ute a public use proceeding	
		C1	<u> </u>		1452	110	2452	55	Petition to reviv	e - unavoidable	
SUBTOTAL (1) (\$) 0  2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE				1453	1,300	2453	650	Petition to reviv	re - unintentional		
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Claims Multiple Deper	dent	- 3	= 0 ×		1460	130	1460	130	Petitions to the	Commissioner	
			L		1807	50	1807	50	Processing fee	under 37 CFR 1.17(q)	
Large Entity Fee Fee		<u>Entity</u> Fee	Fee Description		1806	180	1806			nformation Disclosure Stmt	
Code (\$)	Code	(\$)			8021	40	8021	40	Recording each property (times	n patent assignment per number of properties)	
1202 18	2202		Claims in excess of		1809	770	2809	385		sion after final rejection	
1201 86	220		Independent claims		4040			•••	(37 CFR 1.129	,	
1203 290	2200		Multiple dependent  ** Reissue indepen	•	1810	770	2810	385	examined (37 C	onal invention to be CFR 1.129(b))	
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SUBTOTAL (2) (\$) 0  **or number previously paid, if greater; For Reissues, see above					*Redu	iced by	Basic I	Filing F	ee Paid S	SUBTOTAL (3) (\$)950	
SUBMITTED BY (Complete (if applicable)											
Name (Print/Type) Rochelle K. Seite					Registra		. 22	,300	Telephone (212) 408-20	326	
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